

February 3, 2003

Montana Medicaid Notice

Outpatient Hospitals, Indian Health Services, FQHCs, RHCs, Hospice, Home Health, and Dialysis Clinics

UB-92 claims submitted on or after April 1, 2003 (regardless of date of service) will require all line items to have a valid date of service (UB field 45). In addition, IHS, FQHC and RHC claims will now require a valid CPT or HCPCS code (UB field 44). These changes are being made for three reasons.

First, as a requirement of a Legislative Audit, DPHHS has been required to change MMIS to automatically review the billing of individual lab codes that are part of a lab panel to determine if the codes should be reimbursed as a panel or as an individual lab code and to prevent duplicate billing.

Second, hospital outpatient reimbursement methodology will be changed from a DPG methodology to an APC methodology in July 2003.

Third, these changes are requirements of HIPAA. ACS anticipates being able to accept HIPAA compliant claims in July 2003.

The following revenue codes will require a separate line for each date for service:

Revenue Codes That Require a Separate Line for Each Date of Service			
26X	IV Therapy	51X	Clinic
28X	Oncology	52X	Free-Standing Clinic
30X	Laboratory	61X	Magnetic Resonance Imaging (MRI)
31X	Laboratory Pathological	63X	Drugs Requiring Specific Identification
32X	Radiology – Diagnostic	70X	Cast Room
33X	Radiology – Therapeutic	72X	Labor Room/Delivery
34X	Nuclear Medicine	73X	Electrocardiogram (EKG/ECG)
35X	Computed Tomographic (CT) Scan	74X	Electroencephalogram (EEG)
36X	Operating Room Services	75X	Gastro-Intestinal Services
38X	Blood	76X	Treatment or Observation Room
39X	Blood Storage and Processing	77X	Preventative Care Services
40X	Other Imaging Services	79X	Lithotripsy
41X	Respiratory Services	82X	Hemodialysis-Outpatient or Home
42X	Physical Therapy	83X	Peritoneal Dialysis-Outpatient or Home
43X	Occupational Therapy	84X	Continuous Ambulatory Peritoneal Dialysis (CAPD)-Outpatient
44X	Speech-Language Pathology	85X	Continuous Cycling Peritoneal Dialysis (CCPD)-Outpatient
45X	Emergency Room	88X	Miscellaneous Dialysis
46X	Pulmonary Function	90X	Psychiatric/Psychological Treatments
47X	Audiology	91X	Psychiatric/Psychological Services
48X	Cardiology	92X	Other Diagnostic Services
49X	Ambulatory Surgical Care	94X	Other Therapeutic Services

For revenue codes used by FQHCs, RHCs and IHS' (420, 500, 512, 513, 519, 521, 522, 529 and 771) only one line is required with the date of service as these providers may not span bill. In addition, these revenue codes now require a valid CPT/HCPCS code to be entered. These providers may use the primary code that is applicable to the visit. Examples of this would be 99213 for an office visit of an established patient or code 11720 for debridement of nails for a podiatrist's services.

All other revenue codes not on the above list such as 25X and 27X will have services bundled into one line and you may use the first date of service. The other revenue codes not on this list will still not require a HCPCS/CPT code unless the charge amount is over \$1,000.00.

Contact Information

If you have any questions, please contact Provider Relations 8:00 a.m. - 5:00 p.m. Monday - Friday (Mountain time):

(800) 624-3958 In state
(406) 442-1837 Out of state